

Fill in this information to identify the case:

Debtor 1 North American Royalties Inc.
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the Eastern District of Tennessee
Case number: 01-17271

FILED

JUL 12 2021

U.S. BANKRUPTCY COURT
Chattanooga, Tennessee

Form 1340 (12/19)

APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS

1. Claim Information

For the benefit of the Claimant(s)¹ named below, application is made for the payment of unclaimed funds on deposit with the court. I have no knowledge that any other party may be entitled to these funds, and I am not aware of any dispute regarding these funds.

Note: If there are joint Claimants, complete the fields below for both Claimants.

Amount:	\$916.34
Claimant's Name:	Raymond M Reed
Claimant's Current Mailing Address, Telephone Number, and Email Address:	770 Lovelady Rd Soddy Daisy TN 37379 (423) 255-7147

2. Applicant Information

Applicant² represents that Claimant is entitled to receive the unclaimed funds because (*check the statements that apply*):

- ☒ Applicant is the Claimant and is the Owner of Record³ entitled to the unclaimed funds appearing on the records of the court.
- ☐ Applicant is the Claimant and is entitled to the unclaimed funds by assignment, purchase, merger, acquisition, succession, or by other means.
- ☐ Applicant is Claimant's representative (e.g., attorney or unclaimed funds locator).
- ☐ Applicant is a representative of the deceased Claimant's estate.

3. Supporting Documentation

- ☒ Applicant has read the court's instructions for filing an Application for Unclaimed Funds and is providing the required supporting documentation with this application.

¹ The Claimant is the party entitled to the unclaimed funds.

² The Applicant is the party filing the application. The Applicant and Claimant may be the same.

³ The Owner of Record is the original payee.

4. Notice to United States Attorney

Applicant has sent a copy of this application and supporting documentation to the United States Attorney, pursuant to 28 U.S.C. § 2042, at the following address:

☒ For all cases in the Southern (Chattanooga) & Winchester divisions (five-digit case number beginning with 1 or 4):

Office of the United States Attorney
Eastern District of Tennessee
1110 Market Street, Suite 515
Chattanooga, TN 37402

☐ For all cases in the Northeastern (Greeneville) or Northern (Knoxville) divisions (five-digit case number beginning with 2, 3, or 5):

Office of the United States Attorney
Eastern District of Tennessee
800 Market Street, Suite 211
Knoxville, TN 37902

5. Applicant Declaration

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: 5-21-2021

Signature of Applicant

Raymond M Reed

Printed Name of Applicant

Address: 770 Lovelady Rd
Soddy Daisy TN 37379

Telephone: (423) 255-7147

Email: _____

5. Co-Applicant Declaration (if applicable)

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: _____

N/A

Signature of Co-Applicant (if applicable)

N/A

Printed Name of Co-Applicant (if applicable)

Address: _____

Telephone: _____

Email: _____

6. Notarization

STATE OF Florida

COUNTY OF Pinellas

This Application for Unclaimed Funds, dated _____ was subscribed and sworn to before me this 21 day of May, 2021 by

Raymond M. Reed

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL)

Notary Public Jeannie Lou Fuller

My commission expires: _____

6. Notarization

STATE OF _____

COUNTY OF _____

This Application for Unclaimed Funds, dated _____ was subscribed and sworn to before me this _____ day of _____, 20____ by

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL)

Notary Public _____

My commission expires: _____

